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CONFIRMATION NO. 5795

<b>SERIAL NUMBER</b> 10/711,796	<b>FILING OR 371(c) DATE</b> 10/06/2004 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2612	<b>ATTORNEY DOCKET NO.</b> 66.0072
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**\*\* CONTINUING DATA \*\*\*\*\*** *10*  
 This application is a CIP of 10/710,875 08/10/2004 PAT 7,142,129 \* (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *nan 10*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/13/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>an</i> Initials				

**ADDRESS**  
38046

**TITLE**  
Apparatus for Responding to an Anomalous Change in Downhole Pressure

<b>FILING FEE RECEIVED</b> 844	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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